

Montana Breast and Cervical Health Program

Data Collection Forms Instructions

- There are 3 MBCHP data collection forms; enrollment/eligibility, screening, and abnormal. Appd B-4, B-6, B-7.

1. Eligibility and Enrollment Form

- Begins an eligibility span.
- This form indicates that the site is using a “slot” to screen a client.
- This form is sent to the state office by the site when completed.
 - Eligibility is determined at the site level. Sec 4
 - Baseline information is self-reported.
- Payment is authorized based on the eligibility data. Sec 4.A.3, 4.B.1
 - Insurance “yes”; claim is pended until settled between fiscal agent and provider
 - Medicaid “yes”; not eligible MBCHP
 - Medicare part B “yes”; not eligible MBCHP
- This form also records required baseline information. (Income, Name, SSN, DOB, Address, County, Race, Ethnicity.)
- Previous Pap test and/or Mammogram date must precede the date of eligibility span. “A qualifying procedure” is not a previous test. A qualifying procedure is a procedure with an abnormal result resulting in an underage woman being program eligible. See Section 4.B.2.a. and b. pages 4-3 and 4-4.
- The administrative site that is recorded on the eligibility form will be reimbursed for the screen.
- The Informed Consent and Authorization form is on the reverse side. Appd B-5

2. Breast and /or Cervical Screening Form:

- This form records the breast and/or cervical screening cycle(s).
- A breast screening cycle may have one clinical breast exam and 1 mammogram
- A cervical screening cycle may have one pap test.
- This form is completed and signed by the medical service provider.
- This form is sent to the state office ASAP so that it can be entered.
- The medical service provider must choose from the result list. A new result may not be added.
- This form records the dates and results of the initial screening procedures. (CBE, mammogram, Pap test).
- This form indicates a “not planned short-term follow up”, “not planned”, or “planned “ work-up.”
 - Either “Not planned” completes the screening cycle.
 - “Planned” requires diagnostic tests recorded on an abnormal form to complete the screening cycle.
- This form indicates the next screen interval.
- To complete the screening cycles when a procedure is not done see Appd B-3 Documenting MBCHP Data.

3. Abnormal Screening Form:

- This form is completed and signed by the medical service provider (primary or specialist).
- The medical service provider must choose from the result list. A new result may not be added.
- This form is faxed to the state office ASAP so that it can be entered.
- This form records the diagnostic tests that were performed to complete a planned work-up.
- This form records if cancer is diagnosed, the type of cancer, the cancer stage, and the tumor size.
- This form records the diagnosis and date of diagnosis. The date should be within 60 days of the initial screening procedure. Sec 6.B.5
- This form records the treatment initiation date. The date should be within 60 days of diagnosis date. Sec 6.B.5

MBCHP Data Collection Forms

Checklist and Guide for Fax Transmission

1. Review forms before faxing.

- ❖ Incomplete forms are returned. The state staff cannot alter forms or add missing information.
- ❖ Use the latest version of the forms (date in the footer). Order packets from the state office.
- ❖ Are the dates sequential? Eligibility before screening, screening before diagnosis, diagnosis before treatment.
- ❖ Are the dates less than or equal to today's date. Don't send in post dated forms.
- ❖ Check the clinical algorithms Appd F2, F3 to see what is required to complete a screening cycle.
- ❖ Enter a date in the date fields, date of birth, previous pap, previous mammogram.
- ❖ Enter a number in numeric fields, income and number of family members
- ❖ The previous mammogram or Pap test should be a date; at least the year of the clients best estimate.
- ❖ Can you read the information on the form? Use a pen that with a heavy line.
- ❖ Use only yellow highlighters. Faxed forms show black in the area where other highlighters are used.

2. Fill out the site fax receipt.

- ❖ The site fax receipt lists the site, the date sent, the clients, the type of form(s) sent for each client.
- ❖ Write the clients name.
- ❖ Put a mark in the column describing the type of form, enroll, screen, abnormal, C.N.A. (Comprehensive Needs Assessment), S.A.P. (Service Agreement Plan), Other, that coincides with the forms for the client.
- ❖ The site receipt is a record for your site of:
 - (1) each form sent to the state office.
 - (2) each form received by the state office.
 - (3) forms that are returned to you to correct.

3. Send the forms via confidential fax with the site receipt as a cover page.

- ❖ Long distance is 1 (877) 764-7575
- ❖ Local to the Helena is 444-2564.

4. The site fax receipt is returned to you at a secured fax.

- ❖ Each site is required to have a fax machine in a secure area ensuring that faxes from the state office are confidential

5. Check the site fax receipt when it is returned.

- ❖ "Ok" written in the column indicates the form is complete and will be entered.
- ❖ A "?" in the column indicates the form is being returned with a circle and "?" on the form indicating missing or incorrect information
- ❖ "Didn't print" next to a name on the site fax receipt indicates the form didn't print.

6. Check the incomplete forms received with the site fax receipt.

- ❖ Completed and return them as soon as possible.
- ❖ Check revised and circle the revision on the form.
- ❖ If you are sending a form that didn't print, just re-fax. (see #7 below) You don't have to mark it revised or circle anything.

7. Re-fax forms

- ❖ Use the original or a new site fax receipt as a cover page.
- ❖ Send the fax via confidential numbers mailbox (above).

Documenting MBCHP Data

CBE, no Mammogram, no Pap test:

- ❖ Record the CBE date and result.
- ❖ Record the Mammogram as “needed but not performed” or “not needed”
- ❖ Complete the rest of the breast screen section and sign the form
- **Draw a line** through the cervical section to indicate that no cervical screens were done.

CBE, Pap test , no Mammogram:

- ❖ Record the CBE date and result result.
- ❖ Record the Mammogram as “needed but not performed” or “not needed”
- ❖ Record the Pap test date and result.
- ❖ Complete both the breast and cervical screening sections and sign the form.

Pap test , no CBE, no Mammogram:

- ❖ Record the Pap test results.
- ❖ Complete the cervical screening sections and sign the form
- **Draw a line** through the breast section to indicate that no breast screens were done.

Pap test, CBE, Mammogram:

- ❖ Record the Pap test result.
- ❖ Record the CBE result.
- ❖ Record the Mammogram result.
- ❖ Complete both the breast and cervical screening sections and sign the form.

Mammogram, Pap test, no CBE:

- ❖ Record the Mammogram date and result.
- ❖ Record the CBE as “needed but not performed” or “not needed”
- ❖ Record the Pap test results
- ❖ Complete both the breast and cervical screening sections and sign the form.

Mammogram, no CBE, no Pap test

- ❖ Record the Mammogram date and result.
- ❖ Record the CBE as “needed but not performed” or “not needed”
- ❖ Complete the breast screen section and sign the form
- **Draw a line** through the cervical section to indicate that no cervical screens were done.

CBE, Mammogram, no Pap test

- ❖ Record the CBE results.
- ❖ Record the Mammogram results
- ❖ Complete the breast screen section and sign the form
- **Draw a line through the cervical section to indicate that no cervical screens were done.**

No CBE, no Mammogram, no Pap test (office visit paid by MBCHP)

**** Note: Administrative Site Coordinator completes the form for this scenario.**

- Record the CBE results as “needed but not performed”.
- Record the Mammogram results as “needed but not performed”
- Record the Pap results as “needed but not performed”
- Sign the form.
- ❖ **Data entered by the medical service provider**
- **Data entered by site**